

and direct extension was maintained for several minutes; when the carpus resumed its position, a very distinct and audible "click" was noticed by several persons present. Splints including the forearm and hand, with roller bandages, were applied, and retained for eighteen days, the parts being kept cool with evaporating lotions. The progress of the patient was altogether favourable. Seventeen days after the accident the splints were removed, the swelling having nearly subsided, and the wrists having regained sufficiently their power to admit of the usual movements of the hands being freely performed.

39. *New Operation for the Cure of Vaginal Cystocele.*—By M. JOBERT, Surgeon to the Hospital of St. Louis. The following is the substance of a report made to the Royal Academy of Medicine, by a committee consisting of MM. Blandin, Danyau, and Gimelle.

M. Jobert divides his memoir into three parts: in the first, he treats of the history of the disease, and the modes of treatment which have been hitherto employed for its removal. In the second, he proceeds to point out his method of obtaining a radical cure. In the third, he gives some new ideas, based on his pathological researches, with regard to the mode of formation of the cystocele.

Vaginal cystocele was treated of in the work of Leblanc, printed in 1775. Since that time, many surgical authors have noticed it; all have attributed it to a rupture or abrasion of the anterior wall of the vagina, allowing the bladder to pass into the cavity of the former, filling it by its distension, and causing a projection more or less considerable through the os externum. Until lately, palliative means alone have been adopted, which were totally incapable of effecting a radical cure. Pessaries under all forms can be but palliatives.

The well known operations of Marshall Hall, and Dieffenbach have been performed with success by Berard and Velpeau in cases of prolapsus uteri, in which the bladder and vagina have been also drawn down; by these means, the displaced parts may be retained within the cavity of the vagina; but in cystocele, M. Jobert says the bladder has an abnormal magnitude, and although it does not project from the vulva, it is, nevertheless, displaced, resting in such a manner on the perineal surface of the vagina, that the anterior wall of the bladder becomes superior. Thus, after the operation just named, though there is no external projection, the organ is not able to regain its ordinary size or position.

M. Jobert considers that in order to effect a radical cure, three things must be done: first, the bladder must be restored to its natural situation; second, the anterior wall of the vagina distended by the tumour must be reduced to its ordinary proportions, so as to maintain the bladder when replaced; but this latter result cannot be obtained by causing a loss of substance in this wall, and reuniting the edges according to the method of Hall, without injuring the orifice of the vulva. The proceeding has also entailed great difficulties in its execution, and possibly severe accidents, therefore the author substitutes, thirdly, the following method. He encloses within two curved transverse lines an oval space, more or less considerable, on the posterior surface of the tumour or the anterior surface of the vagina by means of caustic, so as to form an isolated spot, repeating the application of the caustic until the mucous membrane is destroyed. He then pares the edges with scissors or a bistoury, draws them together, and maintains them in apposition by means of straight needles, the points of which are removed, and a twisted suture.

Jobert operated in this manner on the 23d of July, 1838, on a female aged forty-five, of strong constitution, who presented at the aperture of the vulva a very large cystocele, which elevated the nymphæ and descended above the urethra and clitoris. The tumour was reddish. The patient easily returned and reproduced it. She often experienced acute pains in the abdomen, and the tumour became excoriated from friction. She had frequent desire to pass urine, the emission of which was often difficult. The tumour was five inches in length, from the orifice of the urethra to the neck of the uterus, and eight inches in circumference.

Seven needles were applied; four large and three small ones. They were

lance-shaped, and were contained in sheaths, which alone were left to retain the threads when the suture was made. One of the large needles was applied to each extremity of the oval, formed by the circumscribed space, two others in the middle, the small ones filling up the intervals. A sound of gum elastic was introduced into the bladder and left there in order to prevent the accumulation of urine, and the distension of the viscus. The reunion of the edges of the wound arrested the flow of blood, and no accident occurred. Four of the sheaths of the needles which retained the sutures were removed on the 3d of August, the others fell of themselves on the 5th and 7th. The sound was discontinued on the 20th of the same month. The woman returned to her occupation as a laundress, and at the end of the month of January, 1839, the time at which she was examined, nothing unfortunate had happened.

Since this time, two other cases presenting the same symptoms as that just related were operated upon in the same manner by M. Jobert, and the result in all the cases has been equally favorable. Two of the committee appointed by the academy were able to testify to this in one case.

But after the cure of these patients, the anterior wall of the vagina underwent a contraction throughout its whole length, and the uterine was proportionally prolapsed. M. Jobert now prevents this inconvenience by applying the caustic in a vertical instead of transverse direction. In this way the vagina is retained, and remains of its full length, the uterus suffering no displacement.

Jobert has shown by his pathological researches that the anterior wall of the vagina is neither ruptured nor abraded in the displacement of the bladder called cystocele, but that this disease is the result of the relaxation of the superior pelvic fascia, which having been distended by the elevation of the womb in successive pregnancies, loses its elasticity and no longer sustains the anterior wall of the vagina after delivery in a proper manner; and in this case, a fall, an effort, the habit of retaining the urine in the bladder for too long a period and in too great a quantity, are causes sufficient to produce the disease.

Jobert performed the same operation with success in a case of eversion of the mucous membrane of the posterior wall of the vagina; and the committee are of opinion that it may be practised in similar states of the same tissue in other natural passages. *British and Foreign Med. Rev.*, October, 1810, from *Bull. de l'Acad. Roy. de Méd.*, May 15, 1840.

40. *New Operation for Prolapsus Ani.* By M. ROBERT.—Relaxation of the sphincter ani being the cause of this disease, all the remedies hitherto employed for its cure are inefficacious when it arrives at the last stage, as they can only act on the mucous membrane of the rectum. These reflections have induced M. Robert to shorten the sphincter in proportion to the amount of relaxation, so that the two cut surfaces of the muscle might unite and form a narrow ring to oppose to the descent of the mucous membrane. This operation was performed with success on a washerwoman, thirty-three years of age, in June, 1839, in the hospital of La Pitié. This woman in her third pregnancy had a prolapsus ani, which was only temporary though it caused some pain. Her fourth pregnancy produced a prolapsus uteri, a permanent and considerable prolapsus ani, with relaxation of the abdominal walls. M. Robert excised a portion of the mucous membrane with some temporary relief; but the disease afterwards increased, the discharge of feces became involuntary, and she suffered from pains in the loins and upper part of the thighs. When she entered the hospital the sphincter was so much relaxed that four fingers could be easily introduced.

The patient having been prepared for the operation by progressive diminution in diet, and the use of opium in order to effect long-continued constipation, M. Robert proceeded to operate in the following manner:—An incision was made on each side of the anus, each incision being commenced a few lines external to the orifice, and carried backwards towards the coccyx. The fold of integument between the incisions, together with the portion of sphincter it covered, were removed, and the muscle was thus shortened by half its length. The wound was united from one side to the other by three points of suture. On the sixth day after